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Due Date: January 1, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

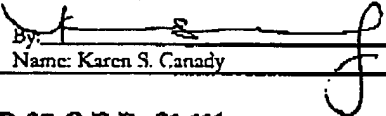
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Applicant: Ryan McGuinness et al. Examiner: Ulrike Winkler
Serial No.: 09/831,623 Group Art Unit: 1648
Filed: September 12, 2001 Docker: G&C 131.13-US-WO
Title: SELECTION SYSTEM FOR GENERATING EFFICIENT PACKAGING
CELLS FOR LENTIVIRAL VECTORS

DEC 31 2003

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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By: 
Name: Karen S. Canady

AMENDMENT UNDER 37 C.F.R. §1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 1, 2003, please amend the above-identified application as follows.

Amendments to the claims begin at page 2.

Remarks begin at page 4.

Gates & Cooper LLP

Howard Hughes Center
6701 Center Drive West, Suite 1050
Los Angeles, California 90045

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TO: Commissioner for Patents
Attn: Examiner Ulrike Winkler
Patent Examining Corps
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Alexandria, VA 22313-1450

FROM: Karen S. Canady
OUR REF.: G&C 131.13-US-WO
TELEPHONE: (310) 642-4148

Total pages, including cover letter: 9PTO FAX NUMBER: 703 872-9306

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| | |
|--------------------------------|---|
| Title of Document Transmitted: | AMENDMENT UNDER 37 C.F.R. 1.111 AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR THE ADDITIONAL CLAIMS FEE |
| Applicant: | Ryan McGuinness et al. |
| Serial No.: | 09/831,623 |
| Filed: | September 12, 2001 |
| Group Art Unit: | 1648 |
| Our Ref. No.: | G&C 131.13-US-WO |

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By: 

Name: Karen S. Canady
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G&C 131.13-US-WO

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By: 
Name: Karen S. Canady

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. 1.111.
- ☒ Charge the additional fees in the amount of \$27.00 to the Deposit Account.

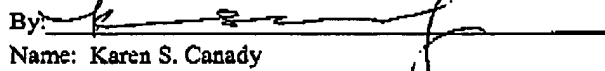
CLAIMS PRESENT

| Claims Remaining: | Highest Number Previously Paid For: | Number Extra | Rate | Fee |
|------------------------------|--|-----------------|-----------|----------|
| Total Claims | | | | |
| 6 | 3 | 0 | x \$9.00 | = \$0.00 |
| Independent Claims | | | | |
| 2 | 3 | 0 | x \$43.00 | = \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | \$0.00 |
| TOTAL FILING FEE | | | | \$0.00 |

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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Customer Number 22462
GATES & COOPER LLP
Howard Hughes Center
6701 Center Drive West, Suite 1050
Los Angeles, CA 90045
(310) 641-8797

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Name: Karen S. Canady
Reg. No.: 39,927
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